

We are the

"REQSperts"

Lab Requisition
Printing & Design

1 Barcoding Options

Barcodes on reqs only
or
Matching barcodes
on reqs and labels

2 Billing/Clinical Design

We design your reqs
to **make required**
information stand out
and **easy to fill out**

3 Compliance Issues

We stay up-to-date with
government compliance
requirements and lab
industry standards

4 Test Layout Structure

Our designers use
straightforward
layouts for your
testing areas making it
easy for your providers
to choose and fill out
the tests needed

5 Parts & Paper Type

- Up to 8-Part Forms
- Colors: White, Pink, Canary, Blue, Green
- Continuous Feed
- Snap-out
- Edge-guied
- Single-cut Sheet

PATHOLOGY LABORATORY

1234 SAMPLE BOULEVARD • SAMPLE CITY, ST 12345 • (Office) 123 555-1234 • (Fax) 123 555-5678 • www.samplewebsite.com



2 Patient Information: Name (Last, First, MI), Sex, Date of Birth (MO, DAY, YR), Patient's SSN, Physician's Name (Last, First), NPI.

3 Address: Address, Phone, State, ZIP. Representative: I have ordered below my medically necessary the diagnosis and/or treatment of the patient. Physician's Signature, Date, License # (Include Prefix/Suffix), Primary/Secondary checkboxes.

4 Billing/Insurance: Patient's Relationship to Responsible Party (1-Self, 2-Spouse, 3-Child, 4-Other), Responsible Party Name, Address, City, State, ZIP, Insured SSM (If Not Patient), Worker's Comp (Yes/No/Up). Insurance Member #, Location, Group #, Physician's Provider #.

ICD-10 REQUIRED

Collection Time (AM/PM), MO, DAY, YR, Collection Date (MO, DAY, YR), Urine Invoiced (Yes/No).

4 **CYTOTOLOGY SECTION**

Source: Urinary/Endocervical, Vaginal, Non-Gyn Source: PNA, Specify Site, Clinical Date.

5 **NON-GYN SOURCE:** Specify Site, Clinical Date.

6 **Body Fluid:** Specify Type & Site, Clinical Date.

7 **SURGICAL PATHOLOGY SECTION**

Clinical Diagnosis-History and Procedure: _____

Specimen(s) Submitted: Saline, Formalin, Juice.

Req. Prepared By: _____

8 **INDIVIDUAL TESTS**

<input type="checkbox"/> ANA APPROVED PANEL	<input type="checkbox"/> AET SER. 5-TYPE	<input type="checkbox"/> CRYSTAL	<input type="checkbox"/> HEMATOLOGIC	<input type="checkbox"/> PROGESTERONE	<input type="checkbox"/> TX
<input type="checkbox"/> BASIC METABOLIC PANEL	<input type="checkbox"/> ALBUMIN	<input type="checkbox"/> CLEFT DIFFICILE AS	<input type="checkbox"/> HEMOGLOBIN	<input type="checkbox"/> PROLACTIN	<input type="checkbox"/> TX FREE
<input type="checkbox"/> COMPREHENSIVE PANEL	<input type="checkbox"/> ALKALINE PHOS	<input type="checkbox"/> COP	<input type="checkbox"/> HEMOGLOBIN/C	<input type="checkbox"/> PROSTATE/ANTHRO CLINICAL 1-400 URINE	<input type="checkbox"/> TESTOSTERONE FREE TOTAL, C
<input type="checkbox"/> ELECTROLYTE PANEL	<input type="checkbox"/> ALT (SGPT)	<input type="checkbox"/> CALCIUM, IONIZED	<input type="checkbox"/> HEMIFERES SURF AS	<input type="checkbox"/> PTENIN TOTAL	<input type="checkbox"/> TX TP
<input type="checkbox"/> HEMIFERES FUNCTION PANEL	<input type="checkbox"/> AMYLASE	<input type="checkbox"/> CHOLESTEROL	<input type="checkbox"/> HEMIFERES SURF AS	<input type="checkbox"/> PTENIN FREE	<input type="checkbox"/> URIC ACID
<input type="checkbox"/> LIPID PANEL	<input type="checkbox"/> AST (SGOT)	<input type="checkbox"/> CHOLESTEROL, HDL	<input type="checkbox"/> HEMIFERES SURF AS	<input type="checkbox"/> PTT (ACTIVATED APTT)	<input type="checkbox"/> UREA NITROGEN
<input type="checkbox"/> OBSTETRIC PANEL	<input type="checkbox"/> BUN (UREA NITROGEN)	<input type="checkbox"/> CHOLESTEROL, LDL	<input type="checkbox"/> HEMIFERES SURF AS	<input type="checkbox"/> PTT (ACTIVATED APTT)	<input type="checkbox"/> UREA NITROGEN
<input type="checkbox"/> RENAL FUNCTION PANEL	<input type="checkbox"/> BUN (UREA NITROGEN)	<input type="checkbox"/> CHOLESTEROL, HDL	<input type="checkbox"/> HEMIFERES SURF AS	<input type="checkbox"/> PTT (ACTIVATED APTT)	<input type="checkbox"/> UREA NITROGEN

NOTE: BLOOD ORDERING TESTS FOR BUN/CREATININE OR METABOLIC PANEL/URINE WILL BE QUANTIFIED. BUN/CREATININE ONLY ORDER TESTS THAT ARE MEDICALLY NECESSARY FOR THE DIAGNOSIS OR TREATMENT OF THE PATIENT. COMPONENTS OF THE RENAL OR CHEMISTRY PANELS/AMMUNITION PRINTED ABOVE ARE SHOWN ON THE REQUISITION AND MAY ALSO BE PACKAGED INDIVIDUALLY. AMMUNITION MAY BE FILLED SEPARATELY FOR CARRIER USE.

5 **6**

Labels with barcodes and patient information, some with integrated labels.

6 **BLOWN-ON** or **INTEGRATED** labels
(on top of paper) (within paper)
Custom Made: Amount of labels - Text on labels - Matching barcodes on labels - Placement of labels